in many venereal disease departments a consistently high standard is maintained, but in others this has not yet been achieved. The isolated lot of the part-time one-man clinic is admittedly difficult; there is often no possibility of easy consultation over clinical or sociological problems. Attendance at meetings of the Medical Society for the Study of Venereal Diseases is often impossible because of clinic times, or is not encouraged by the employing authority and, at best, is left as a non-official expense and enthusiasm. It is hoped that under the new Health Service these matters may be remedied.

The lack of a special diploma or other instrument indicating a specialist status in venereology has contributed materially to the present unhappy position. That the number of venereologists is relatively small, if we consider only those whose primary appointments lie in this field, must no longer be the excuse for apathy.

What are the possible courses of remedial action? These are: (*a*) the institution of a diploma in venereology to be granted by an established examining body; (*b*) the creation of two classes of membership of the Medical Society for the Study of Venereal Diseases (possible alteration of its title to Association/Society of Venereologists and M.S.S.V.D.), namely, a junior associate-membership equivalent to the present membership, and a senior Diplomate Fellowship, by examination; or (*c*) the formation of a Faculty of Venereologists outside the structure of, but of necessity integrated with the M.S.S.V.D., the diploma of Fellowship of which would indicate approbation as a specialist.

An additional cogent reason advanced by Mr. A. J. King (personal communication) is the desire of "the constant stream of overseas postgraduates who always enquire about the possibility of a specialist's qualification in these subjects. Naturally they wish to achieve such a qualification as evidence of the good work they have done over here."

The standard of professional attainment envisaged would be equal for the diploma or for either fellowship. The first course offers certain obvious advantages—a diploma obtained by examination, conducted by an established examining body with the prestige of its long traditions, would more immediately be recognized and accepted as indubitable evidence of professional attainment in venereology by those authorities seeking to fill appointments.

Either of the other courses of action might in practice be easier to institute, but the principal disadvantage is that, while the professional standard exacted would be equally high, there would undoubtedly be a greater time lag before the value of the qualification was accorded full recognition.

That there is a multiplicity of special diplomas only indicates that other specialities have realized their value in securing and maintaining high standards.

The Medical Society for the Study of Venereal Diseases has long existed to encourage the "study" of the venereal diseases: it is not too much to expect this, the proper, and in fact the only, body representative of venereologists in this country to concern itself actively with the formulation of some generally accepted standard of proficiency in this work. The demand for a special *ad hoc* postgraduate qualification in venereology by the members of this society would give their council a mandate for urgent action.

To those already established and recognized, such a diploma can only mean "an additional qualification": to future aspirants in venereology it will be the hall mark of specialization.

We are, etc.,

A. E. W. McLACHLAN
DONALD D. BROWN

Bristol, July 1947.

BOOK REVIEWS

TREPONEMATOSIS

By Ellis H. Hudson; edited by Henry A. Christian

(*Oxford Medical Publications.* 1947. *Pp.* 122.) *Price* 12*s.* 6*d. net.*)

In the year 1493 a small band of men returned in triumph to Spain and reported the presence of new lands in the West; they brought with them new maps and charts, botanical and geological specimens, and a few captured Indians to show at the court of Ferdinand and Isabella. Whether or not they brought with them at the same time a new and fell disease which, in the course of a few years, was to spread to all Europe and far to the East, is a problem which has now interested medical historians for hundreds of years.

The argument as to the responsibility of Columbus in introducing the disease to Europe is as old as the name syphilis itself; and each of the various, never conclusive, arguments advanced by the protagonists on both sides have been repeated and elaborated through the centuries. The more vocal opposers of the Columbian theory, not surprisingly perhaps from across the Atlantic, have pointed to the existence of yaws in the African native and, in drawing attention to its spread to the West, have tried to show, by attempting to prove that yaws and syphilis were the same disease, that the boot was, indeed, on the other foot.

This book may be said to bring the whole controversy up to date, although the bias is strongly on the unionist side and with it the rejection of the Columbian theory. The concept is not that yaws and syphilis are the same disease, but rather that they are different manifestations of treponematosis, or the effects of *T. pallidum*. It is argued that this organism, almost as old as Man himself, probably came out of Africa in the early migrations, and that this main reservoir has ever since been responsible for its flow to the different corners of the globe. The disease as it affected the African was of the yaws type ; it was and still is spread by close contact and flies, under bad social conditions. Making use of the moist skin surfaces of humid climes, it is, therefore, able easily to take root in a fresh host and therefore is primarily a disease of childhood. Being a disease of the young, the girl by the time she becomes a mother is no longer infectious and hence congenital forms are rare. Without treatment and allowed to run its full course, the disease has skin and bone lesions predominant in the tertiary stage, and occasional severe mutilations such as gangosa ; but neurological or cardiovascular involvement is rare.

As the centuries advanced, social conditions changed. The negro taken in slavery no longer was subject to the same climatic and hygienic conditions, and the white man contracting the disease was able to do so only by sexual intercourse with the infected. Thus the stage became set for the juvenile forms to decline and venereal types, with the increased risk of congenital transmission, to increase. The spirochæte, no longer able to propagate its species into a fresh host, had to rely on promiscuous sexual intercourse as virtually the only means left for survival. The warm, moist skin, still prevailing at mucocutaneous junctions and certain skin sites, showed in miniature what formerly prevailed all over the body. What is more, once the organism had taken hold it was subject to all sorts of drastic medicines, inunctions, and injections ; and therefore in time the strain became toughened and likely, therefore, in animal experiments, to show certain differences between that of a strain taken from a primitive native.

This change from a juvenile contact spread of the disease to the adult venereal form was not sudden and there were transitional forms. We have areas in the world even today where the disease is an accidental infection of children, but climatic conditions have forced upon it a greater likeness to venereal syphilis. Examples of this are : bejel, pinta, and irkintja (Australian boomerang leg). History also affords instances where the venereal form has, with suitable climatic or social conditions, reverted to the primitive type. For example there is sibbens, a disease of the Highlands of Scotland at the time of the Civil war, radesyge in Scandinavia in 1700, skerlljeyo in the Balkans at the end of the eighteenth century, and certain manifestations of juvenile syphilis seen in Southern Russia in the nineteenth century, and even occasionally still found today.

This, then, is the argument. To it is added the acceptance that yaws is a very ancient disease which has always been present in the Old World, but, as it was mainly of the juvenile form, it did not find a place in ancient literature as a sexual disease. When the disease became venereal it was confused with leprosy. It is scattered all over Europe, and later America, primarily by the slaves ; and the white man always caught yaws, never syphilis, from the African. It was probably present in very early times in the Western hemisphere but there is no evidence that the natives of Haiti actually suffered from it before the arrival of Columbus. It is therefore suggested that one or more of Columbus' men may have been infected before leaving Europe and that subsequently the more courageous of the local natives became infected, in turn infecting others, and thus, in consequence, the Indies were given the blame ; a pretence eagerly maintained by the Church.

This book is recommended to all those who have not yet studied this absorbing subject. For the great number who have, it is a new, sober, entertaining, and constructive book which attempts, perhaps only too successfully, to explain all the differences of opinion which have existed between the two sides.

(It may be churlish, when this book has been found so enjoyable, to point out that Prince Henry of Portugal did not reach the equator in 1470, as he had died over ten years before.) R.R.W.

HANDBOOK OF DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES

By A. E. W. McLachlan, M.B., Ch.B. (Ed.), D.P.H., F.R.S.Ed.

(*Edinburgh : E. and S. Livingstone.* 1947. *Third Edit. Pp.* 375. *Illustrated. Price* 15*s. net.*)

The appearance since 1944 of three editions of McLachlan's *Handbook of Venereal Diseases* is almost an adequate testimony of its usefulness and popularity. The third edition, which now comprises 375 pages, has received few expansions or additions in text or illustrations. The latter, which maintain effectively the high standard achieved in previous editions, portray judiciously selected studies, twenty in colour, of the more common venereal conditions.

The text on the treatment of syphilis has the advantage of not being relegated to a separate, and sometimes remote chapter, as it has been in some books on this subject, but follows hard on the descriptive matter of each of the various stages of the disease—an arrangement which will be appreciated by the student while the clinical aspects are fresh in his mind.

The gradual accumulation of data on the use and results of penicillin therapy in early syphilis during the last two years has led to some expansion of the text. The amount of penicillin considered to have been possibly adequate in 1945 (2·4 *mega* units in 7½ days) and advocated in the previous edition, has now been increased in amount to from 7·5 to 10 *mega* units in 15 days ; and, in addition, treatment with arsenicals and bismuth is recommended, as it now is by most authorities.